What is Borderline Personality Disorder?

Tuesday, 31 October 2017, 7:15 pm – 8:30 pm AEDT

Rachel's story

Rachel is a 34 year-old woman living alone in a private rental in an outer suburb of a major Australian city. She's been in a relationship with her partner John for around three years. She has no children and receives the disability support pension. Her parents, Joan and Peter also help her out financially. They are concerned about her welfare but acknowledge feeling 'burned out'. Rachel is in touch with Joan daily. She has one brother Adrian aged 31 who is an engineer and married with one child.

Rachel has an 18 year history with public mental health services, and was taken by her parents to counsellors, GPs and specialists from around age five. Her parents experienced difficulty settling Rachel from a very young age, however numerous medical examinations revealed no major health issues that might contribute to her agitation. When Adrian was born there was a dramatic increase in Rachel's behavioural disturbance. She was diagnosed with attention deficit hyperactivity disorder (ADHD) when she was seven and prescribed Ritalin, which helped but didn't calm her 'oppositional' behaviour at home. Peter and Joan sought expert help on how to manage Rachel's behaviour, which at times oscillated between taking nurturing and punishing positions with her. Their increasingly marked disagreements on how to parent has had a detrimental effect on their marriage.

While Rachel has one or two long-term friends whom she sees occasionally, she struggled to make friends at school and experienced frequent bullying, leading to periods where she refused to go to school during primary and early high school. While Rachel managed to complete year 10, her academic performance was compromised by her agitation, social difficulties and periods out of school. She excelled in art and woodwork, however, and still maintains periodic contact with her high school art teacher. She increasingly mixed with negative peer groups within and outside school, and began experimenting with alcohol and pills from age 14. From age 13, Rachel began restricting her eating and became noticeably underweight soon after. She was referred to a counsellor specialising in eating disorders, but her attendance was sporadic. When she was 16, she was sexually assaulted by two males at a dance 'rave'. She was medically assessed but the individuals were never identified. She refused to speak with professionals about it.

From this time, Rachel's distress increased, her behaviour escalated and she became unmanageable at home. At the same time she was expelled from her school for assaulting a teacher and possessing alcohol on school grounds. Around this time she started speaking openly about wanting to die, causing Joan and Peter to hide medications and alcohol, and to ensure she was rarely left alone. Both parents became highly anxious they would lose their daughter, but also concerned about the effect her behaviour was having on Adrian.

Case study continued . . .

After a severe overdose triggered by the loss of a friendship, Rachel was admitted to a psychiatric inpatient unit after being medically cleared. She reported voices in her head telling her she does not belong in this world and giving clear instructions on how she should end her life. She was still underweight but maintaining a relatively stable body mass index.

After a second admission and trials of two antipsychotics, Rachel was referred to the local child and youth mental health service for case management. The service attempted to engage her in counselling and case management, and Joan, Peter and Adrian participated in family therapy. By 18 years of age, Rachel was taking frequent mild to moderate overdoses and engaging in risky behaviours around traffic and train lines. She would be taken to the local emergency departments and occasionally admitted. During admissions, Rachel would often decompensate and engage in risky behaviours resulting in high dependency unit stays. She was poorly engaged with her case manager, and continued to binge-drink and act-out at home. She had attracted a number of diagnoses by age 20, including anorexia, psychosis – not otherwise specified, schizo-affective disorder, anxiety disorder, reactive depression, ADHD, oppositional-defiance disorder, and factitious disorder. After a serious episode of violence at home between her and Peter, followed by an inpatient psychiatric admission, her parents decided they could not accept her home again. During this admission Rachel was diagnosed with borderline personality disorder and re-referred for case management and dialectical behaviour therapy (DBT). She was successfully referred to a supported residential service, where she lived for 18 months.

Since age 20, Rachel has had four lengthy periods of case management, and is often engaged with welfare support services for psychosocial support. She has moved several times, usually followed by frequent emergency department presentations and psychiatric admissions. She overdoses on prescription medications (usually Valium) approximately monthly. In her mid-twenties she found herself in a violent relationship for two years; a period marked by frequent alcohol binges and the commencement of mild to moderate cutting behaviour. While she still cuts and overdoses, for the past four years Rachel has been more stable. She has re-engaged with her love of art, seen the same GP and psychotherapist consistently (both in private practice). She has also successfully completed a DBT course in her local Area Mental Health Service. Throughout this time, Joan and Peter have remained key supports, and are clearer on what they can and cannot do for Rachel. Her relationship with John, while rocky at times, has been sustained for the past three years. They are thinking about moving in together.